DOCUMENT RESUME

ED 139 165 EC 100 740

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TITLE How to Select the Least Restrictive, but Most Appropriate, Educational Program for Handicapped Children.
PUB DATE Apr 77
NOTE 9p.; Paper presented at the Annual International Convention, The Council for Exceptional Children (55th, Atlanta, Georgia, April 11-15, 1977)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS *Decision Making; Educational Alternatives; Elementary Secondary Education; Exceptional Child Education; *Handicapped Children; *Student Placement; *Teacher Role; Teachers
IDENTIFIERS *Least Restrictive Placement Alternative

ABSTRACT

Described are the procedures for a referral-to-placement process which places each handicapped child in the least restrictive, most appropriate, educational program. The process stresses the role of the regular education teacher in determining the special education program options appropriate for the student. A sample report prepared by a regular education teacher is included. (SBH)

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HOW TO SELECT THE LEAST RESTRICTIVE, BUT MOST APPROPRIATE, EDUCATIONAL PROGRAM FOR HANDICAPPED CHILDREN

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Introduction

Special education programs have tended to operate under the belief that handicapped children make more academic progress and develop better self-concepts when assigned to full-time classes designed for handicapped children. Many moderately and severely handicapped children have benefitted from such an educational assignment. However, a rapidly expanding body of research data and philosophical opinion implies that many mildly and moderately handicapped children make better academic and social progress when left in regular classes compared to similar children assigned to full-time classes for the handicapped.

Some school districts have begun to offer a wider range of possible educational assignments to handicapped children. The remaining districts must begin to offer these services soon or risk law suits and the loss of federal and state monies. In addition to regular classes and full-time special classes, school districts need to provide part-time assistance (itinerant teachers) to certain children and their teachers and part-time special class placements (resource rooms). The recently inacted Public Law 93-380 contains a provision which indicates that school administrators must develop

> (B) procedures to insure that to the maximum extent appropriate, exceptional children are educated with children who are not exceptional and that special classes, separate schooling, or other removal of exceptional children from the regular educational environment occur only when the nature or severity of the exceptionality is such that education in the regular classes with the use of supplementary aides and services cannot be achieved satisfactorily. [Public Law 93-380, Title VI-B, Sec. 612(d), (13B)]

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Thus, educational administrators are confronted by the task of matching the particular learning styles and educational needs of handicapped children to the least restrictive educational programs within which the children can achieve the most educational and social benefit. The purpose of this paper is to describe how one district attempted to meet this task. Specifically, the focus of this paper is directed at improving the referral-to-placement process.

Special Education Dominance

In recent years special education has developed into an important part of the district's total program. Parental demands have forced the slow-to-move institution known as the public school to respond in ways previously thought impossible. Public relations skills of special education personnel are presently being put to a severe test within the school. Regular education programs have of necessity been reduced in order to provide monies for mandated special education programs. Federal and state legislation has created a maze of special education policy, procedure, and philosophy which is confusing to regular education personnel.

The writer has attended approximately 600 placement committee meetings as a regular education teacher, a special education administrator and as a school psychologist in four states. This experiential background has led to the observation that placement committees operate relatively similarily and tend to have a common weakness: special education dominance. While recognizing that there must be some exemplarily models in existance, let's briefly look at what the writer has observed all too often to be the typical referral-to-placement process.

The regular education teacher observes a child in his or her classroom who is having academic or behavioral problems. After obtaining permission from the principal and the parents, a referral is made to special education. Once the referral is made special education personnel begin to assume responsibility for the disposition of the referral. A special education diagnostic specialist makes a careful examination of the child and at least a cursory examination of the regular education teacher's

competence. Special education personnel determine whether a child is handicapped and elgible for special education services according to criteria not always fully explained by special education personnel and not always understood by regular education personnel. If the child is determined to be elgible for services the special education diagnostic specialist assumes the responsibility for preparing a written recommendation for a particular form of placement. The special education diagnostic specialist prepares a written treatment recommendation in terms of methods and materials using terms and concepts which are not generally a part of regular education's professional repertoire. At the placement committee meeting the regular education teacher, who has had more opportunity than anyone else to observe the child's classroom behavior, generally makes a short statement indicating the reason for referral. The special education diagnostic specialist then presents a detailed narrative of the child's elgibility for special education services and educational needs. After a limited discussion that all too often does not use higher level thinking skills to confront the issues, a vote is taken in which the special education position is generally upheld . . . especially if special education personnel outnumber regular education personnel at the placement committee meeting. Usually only the special education diagnostic specialist has carefully considered program alternatives prior to the meeting. However, had regular education personnel more fully understood the referral-to-placement process, the special education regulations and philosophy, and special education terminology, perhaps regular education personnel would have been better prepared and on a firmer foundation to emphasize the regular education point of view.

The correct assignment of handicapped children to special education programs is an art, not a science. True, scientific concepts are used in determining the existance of a handicap and in determining the treatment in terms of methods and materials. However, once the diagnostic-prescriptive process is complete education personnel must call upon their skills in the art of education to determine where in a wide continium (i.e., regular class, part-time special class, full-time special class, etc.) the child should be assigned. Special education needs to develop procedures to insure that the artistic skills of regular education are made an integral

part of the referral-to-placement process. The child should not be deprived of the skills of regular education personnel simply because of poor procedural development by special education personnel.

Involving Regular Education In Decision Making

In 1973-76 the writer was employed as an executive director of a regional special education program in North Dakota. As a part of the responsibility of the position, the writer was required to develop procedures which would provide evidence that placement decisions were made which placed each handicapped child in the least restrictive, but most appropriate, educational program. The procedures that were developed also confronted the previously described problem of special education dominance. During the 1975-76 school term these procedures were tried with encouraging results. The following commentary contains a description of the procedures.

The initial referral process was not altered. The regular education teacher was still expected to initiate the referral based on his or her professional judgement that a given child was experiencing academic or behavioral problems. The special education administrator assigned a diagnostic specialist (e.g., specific learning disabilities teacher, speech pathologist, or psychologist) who would conduct a study of the child's elgibility for special education services and form an opinion of the regular education teacher's competency in providing for the referred child's educational needs. The diagnostic specialist prepared a written report describing in detail the diagnostic findings and outlining clearly why a child was elgible or not elgible for special education services. At this point the special education diagnostic specialist would meet with the regular education teacher, the principal and, where appropriate, the parents. The purpose of the meeting would be to thoroughly discuss the findings and to answer all questions concerning the child's elgibility for special education services. Upon parent request, children not considered elgible for special education services would be reviewed by the placement committee and the parents would be informed as to how they might obtain a second opinion.

Once the child was diagnosed as elgible for special education services, the regular education teacher was asked to prepare a written statement in which he or she stated an opinion concerning the type of special education program needed by the child. The written statement would contain a detailed reference to the continium of services available in the district for the child along with pro and con statements made by the teacher concerning where the child would best be placed. Obviously the regular education teacher generally would not have the background in special education philosophy and legislation to prepare such a document without assistance. Therefore, a diagnostic specialist would be assigned to meet with the regular education teacher to explain the regulations within which special education must operate and the special education program options which appear to be available to the child. Generally, the regular education teacher and the special education diagnostic specialist would prepare the written report together. Occasionally, a teacher requested a sample work-up and prepared a report by himself or herself. The report which follows is an example of a report (names changed) prepared by a regular education teacher on her first attempt.

Name: Jane Doe DOB: 1-1-63 Age: 13

Parent: Mr. & Mrs. J. Doe Grade: 5th School: Red

Referring Source: Mr. & Mrs. J. Doe (parents) & Tilly Teacher

Reason for Referral: Mr. and Mrs. Doe and myself (Mrs. Teacher) are jointly making the referral. Jane is 13 years of age and still in the 5th grade due to retention. She is having academic problems and is not able to grasp the concepts generally understood by 5th grade children. The family physician has informed the parents that Jane is mildly retarded and that she has minimal brain damage; he suggested that Jane may be overly anxious due to her present classroom problems. I would like to know whether Jane qualifies for some form of special education service. The parents are not certain, at this time, what they will approve but they would like to know what the options might be.

Background Information:

1. Psychological Examination by Dr. O. Kaye
   Findings: Verbal IQ 67, Performance IQ 60. Intellectual functioning is at the mildly retarded level with academic skills and adaptive behavior commensurate with measured level of intellectual functioning. She may be able to learn the basic academic skills at approximately

the 6th grade level when she reaches her late teens. She is elgible for consideration of placement in the EMR program.

2. Medical Examination by Dr. I. Report
   Findings: Psychological problems appear to be the result of a combination of the following:
   a. mental retardation -- mild
   b. minimal brain dysfunction with evidence of perceptual and coordination difficulty and an abnormal electroencephalogram.
   c. probable anxiety on the basis of stressful school setting, over-stretching her capacity.
   d. probable metabolic problem manifesting itself with a three year bone delay.
   e. history of cataracts surgically treated.

3. Educational Evaluation by Mrs. Teacher
   Opinion: Jane appears happy and generally enjoys school. She is somewhat anxious about her low level of basic skills. She has good peer relationships with the exception of one child where there seems to be a personality conflict. I have been working on this problem and have observed some positive results.

   Academically, Jane appears to be functioning at about the beginning third grade level. The Peabody Individual Achievement Test, which I administered as a part of the psychological examination, yielded the following results:

Math	2.7
Reading Recognition	3.4
Reading Comprehension	2.7
Spelling	3.2
General Information	2.0
Total Test	2.6

   Jane needs more individual help than I am able to give in my classroom.

Educational Placement Considerations

1. Remain in 5th grade full-time.
   Pro: (a) no change in class assignment
   (b) this is the least restrictive placement.
   (c) she is developing several positive friendships within 5th grade.
   Con: (a) it is difficult for me to provide the individual assistance that Jane needs.
   (b) this present assignment is apparently stressful.
   (c) each year Jane is falling further behind in the academics and she will eventually need some form of special education.

2. Remain in regular classroom with SLD program assistance.
   Note: I would like this type of arrangement but she does not meet the elgibility requirement because of the lack of a significant difference between expected achievement and actual achievement.

3. Remain in 5th grade for a portion of the school day and have basic skill instruction in the EMR program for the remainder of the day.
   Pro: (a) this will allow Jane to have the individual instruction in the basic skills which I am not able to provide.
   (b) Jane can still be in the 5th grade for the subjects where I know she can succeed and for social experiences.
   (c) Jane will find children her chronological age in the EMR classroom.
   (d) this assignment would probably be less stressful to Jane than is the present assignment.
   (e) I talked to Jane about this possibility and she seemed to like the idea; she knows some children presently in the EMR program.
   Con: (a) the placement is more restrictive than remaining in the 5th grade.
   (b) she may not actually gain more in the basic skills than in the 5th grade.

4. Full-time placement in the EMR program.
   Pro: (a) there would be much more individualized instruction.
   Con: (a) this option is very restrictive.
   (b) I know Jane well enough to know that there are several subjects in 5th grade with which she can have success.
   (c) I talked to Jane about this possibility and she seemed to not want to leave 5th grade entirely.

Recommendation: # 3 above for the stated reasons.

Prepared and submitted by,

/s/ Tilly Teacher

The above cited sample report is not considered to be an end product, rather a step in the correct direction. Completing the report is a means of assisting regular education personnel to become more involved in the referral-to-placement process. Our experience was that school personnel were at first quite threatened and defensive about completing the form, however, with proper inservice, on an individual basis, and tactful assistance in completing the first few forms, the defensiveness diminished and was replaced by enthusiasm. As a result of using this procedure, regular education teachers, special education techers, and school administrators more fully appreciated the concept that handicapped children should be placed in the least restrictive,

but most appropriate, educational program. The referring staff members became more sophisticated in presenting data to the placement committee and in matching a child's abilities and needs to an appropriate special education program. The end result was improved communication between regular education and special education which resulted in a better relationship between the two groups and, ultimately, to improved delivery of services to handicapped children.